



## MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS A-08.2	Subject: <b>MEDICAL CLEARANCE FOR INMATE TRANSFERS TO CONTRACTED FACILITIES</b>	
Reference: NCCHC Standard P-A-08, 2014, <i>DOC Policy 4.5.5, HealthCare Unit Policies and Procedures</i>	Page 1 of 1 and 2 attachments	
Effective Date: November 1, 2010	Revised: June 1, 2017	
Signature / Title: /s/ Cindy Hiner / Health Services Manager		
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### I. PURPOSE

To outline the process used by MSP health care staff to ensure inmates who are candidates for transfer to contract facilities and pre-release centers are medically screened and cleared for transfer and that the receiving facility/center is aware of the inmate's health needs and has the resources to meet those needs.

### II. DEFINITIONS

Contract Facility – a facility that the Department contracts with to house adult male inmates, including the private prison at Shelby (CCA), the regional prisons at Glendive and Great Falls, the Lewistown Infirmary, and community operated pre-release centers.

### III. PROCEDURE

#### A. General Requirements

1. Medical Clearances will be completed by licensed health care staff following the procedure outlined in the *Medical Clearance Procedures (attachment A)*.
2. Health care staff will review all pertinent medical information including:
  - a. The inmate's general state of health
  - b. The inmate's pending medical appointments
  - c. The availability of health care at the receiving facility
  - d. The inmate's mental health or dental issues
  - e. The inmate's medications
  - f. The inmate's special needs (equipment, assistive devices, etc.)
3. Health care staff will document medical clearances in the following manner:
  - a. Pre-Release clearances will be documented on an *Institutional Transfer Form*, (*attachment B*).
  - b. Inmates being screened for placement in other contract facilities will be assigned medical points based on the inmate's current health status (*see Attachment A*). The medical points will be sent to Contract Placement Bureau office staff and recorded in the inmate's medical chart.

### IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

### V. ATTACHMENTS

Medical Clearance Procedure  
Institutional Transfer Form

attachment A  
attachment B

## **MEDICAL CLEARANCES**

Medical clearance requests come from two sources:

1. Pre-release Clearance Requests - MSP IPPO office staff; and
2. Contract Placement Bureau ("Contract Beds") office staff.

Each of these offices sends weekly requests for clearances, but they need us to return to them slightly different sets of information.

### **Pre-release Clearance Requests (IPPO)**

Institutional Transfer Forms (ITFs) are to be completed and sent to IPPO. These forms contain the basic medical information that pre-release centers need to assist the inmate in transitioning into the community.

Generally, if an inmate has had a TB test within the last year and a health physical on the chart they can be cleared medically for pre-release.

Theoretically, inmates cannot be denied pre-release for medical reasons. However, if they have serious mental health or medical problems, some recommendations may be in order. For instance, if an inmate is a diabetic with poor or fair control you may want to enter, as a recommendation, that the inmate follow-up with a provider in the community within 30 days of reaching pre-release. The pre-release center will counsel the inmate concerning the recommendations.

If an inmate has a complicated medical history you may wish to consult a provider for recommendations before completing and sending the ITF to IPPO.

To process a pre-release medical clearance request, take the following steps:

1. Complete an "Institutional Transfer Form" (ITF) for each clearance requested (copy attached).
2. Obtain recommendations from a provider as necessary.
3. Photocopy the ITF and send a copy to IPPO office staff.
4. Retain the original ITF in the medical record at the front of the chart just under the plastic cover containing the problem sheet.
5. On the list of requested ITFs ("clearances") highlight in yellow those that have been completed and sent to IPPO. Note the date the ITF was sent to IPPO.
6. For those inmates who have not had a physical or a TB we cannot send the final ITF right away. This situation must be resolved as soon as possible.
  - a. If the inmate lacks a current TB:
    - 1) Call the housing unit and have them sent to the Infirmary;
    - 2) Plant a new TB;
    - 3) Document the TB on the appropriate paperwork; and
    - 4) Give the paperwork to the Infirmary nurse so the TB may be read in an appropriate time frame.
    - 5) After the TB has been read finish the ITF and send it to IPPO as outlined above.
  - b. If the inmate lacks a physical:
    - 1) Submit their name to the provider's scheduler for an appointment with the notation "Needed to complete medical clearance for pre-release."
    - 2) Recheck the chart in a week to see if the physical is complete. When it is complete finish the ITF and send to IPPO as outlined above.
7. Each week review the Medical Clearance request memos for names that have not been highlighted as done and follow-up on them.

## **Contract Beds Medical Points Request (CPB)**

Generally speaking, the Contract Placement Bureau (“Contract Beds”) office staff only want to know the medical points assigned to an inmate when they consider placement. However, a few of our regional prisons are not equipped for inmates with certain medical conditions:

1. Insulin dependent diabetics - **not appropriate for Glendive.**
2. HIV+ and Hep C patients receiving treatment must stay at MSP and be marked as **Medical Hold** for CPB.
3. Patients on narcotics or in need of off-site referral – **not appropriate for Shelby.**
4. Patients needing cardiac care or management by a physician – **not appropriate for Great Falls or Glendive.**

To process contract beds medical point requests, take the following steps:

1. Take the list sent by CPB office staff or print a master list from the “I” drive – “shared” – “Medical Requests”.
2. For all inmates who do not have their medical points entered on the database some chart review must be conducted.
3. The medical points assigned by providers will be noted on either the Intake Physical or in Progress Notes. Find and record these points on the list you have printed.
4. Then review the chart for the conditions mentioned above and mark on the list, next to the points whether the inmate is:
  - a. **“Not appropriate for Glendive”** if they are IDDM.
  - b. **“Not appropriate for Shelby”** if they are on narcotics or in need of off-site referrals.
  - c. **“Not appropriate for Great Falls”** if they are in need of cardiac care or medical management by a physician.
  - d. **“Medical Hold”** for inmates receiving treatment for HIV, Hep C or a chronic condition that is not in “fair” control as described by a provider (see the most recent Chronic Care progress sheet.
5. If, on review of the chart, there are not medical points assigned, mark **“points not yet assigned”** on the list and submit the chart to a provider for assignment of medical points.
6. If on review of the chart no physical has been done submit the name to the scheduler to schedule an appointment for a physical to be done and mark on the list, **“physical scheduled for (date)”**.
7. Send a copy of the list to Contract Placement Bureau (“Contract Beds”) office staff.
8. Retain a copy of the list in the Medical Clearance Request book for follow-up the next week.

## INSTITUTIONAL TRANSFER FORM

Inmate Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

AO/ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

List current medications and dosage (if none, write "none")

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Medication Allergies: \_\_\_\_\_

Date of last TB skin test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_ mm

Current medical conditions (check all that Apply)

<input type="checkbox"/> allergies	<input type="checkbox"/> asthma	<input type="checkbox"/> mental illness	<input type="checkbox"/> epilepsy	<input type="checkbox"/> tuberculosis
<input type="checkbox"/> diabetes	<input type="checkbox"/> heart condition	<input type="checkbox"/> hepatitis	<input type="checkbox"/> weight loss	<input type="checkbox"/> HIV
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> ulcers	other _____		

Pending medical appointments \_\_\_\_\_

Recommendations:

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Nursing Signature